City of Montgomery

Mental Health Treatment Benefits Summary

Benefits	In Network			Out-of-Network		
	Limitations	**Coverage**	**Copay**	**Limitations**	**Coverage**	**Copay**
Inpatient Hospital Services **1 Partial=1 Day**	Up to 30 Days total for Inpatient care (*Mental Health Treatment*) each contract year, 60 days per lifetime.	100% of Allowed Amount.*	Days 1-3: $100 per day; days 4-19: full coverage; days 20-30: $25 per day.	Up to 30 Days total for Inpatient care (*Mental Health Treatment*) each contract year, 60 days per lifetime.	50 % Copay	
Pre-Authorization	Pre-Authorization Is Required For All Services Emergency Admissions Require Notification Within 24 Hours Of Admission For Pre-Certification, Call 205-871-7814 Or 800-677-4544					
Anesthesia *(In conjunction with ECT)*		80% of Allowed Amount.*	20 % of Allowed Amount.*		80% of Allowed Amount. *	20 % of Allowed Amount.*
Ambulance Services		80% of Allowed Amount.*	20 % of Allowed Amount.*		80% of Allowed Amount.*	20 % of Allowed Amount.*
Inpatient Physician Services	Up to 30 days total for Inpatient care (*Mental Health Treatment*) each contract year, 60 days per lifetime.	100% of Allowed Amount.*		Up to 30 days total for Inpatient care (*Mental Health Treatment*) each contract year, 60 days per lifetime.	50 % Copay	.
Outpatient Services	Up to 30 Visits/Sessions/Group Therapy (or any combination thereof) total for Outpatient care (*Mental Health Treatment*) each contract year.	100% of Allowed Amount.*	Visits 1-5: $5 per visit; visits 6-20: $20 per visit; visits 21-30: $35 per visit.	Up to 30 Visits/Sessions/Group Therapy (or any combination thereof) total for Outpatient care (*Mental Health Treatment*) each contract year.	50 % Copay	
Psychological Testing	Falls under outpatient benefit.	100% of Allowed Amount.*		Falls under outpatient benefit.	50 % Copay	
Emergency Department		100% of Allowed Amount.*	$100 Copay.		80% of Allowed Amount.*	
Electroconvulsive Therapy	Applied toward the Inpatient Mental Health Treatment Benefit.					
NOTATION	In network and out-of-network days/visits/units shall not be combined so that the combination exceeds the total number of days/visits/units available in the In Network section of the *Mental Health Benefits Summary*.					

*Allowed amount: The amount of a provider's/facility's charge that American Behavioral recognizes for payment. This is based on the payment method used by American Behavioral where services are received. The allowed amount shall be determined by American Behavioral using pre-established fee schedules and/or per diem rates in every situation possible.

Administered by:

American Behavioral